

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0465364	(X3) Date Survey Completed 10/26/2021
Name of Provider or Supplier Delta Memorial Hospital	Street Address, City, State 811 Highway 65 S, Dumas, AR	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D2016	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by: . Based on review of the 2021 CMS Casper Reports 0155D, 0153D, and the American Proficiency Institute (API) proficiency testing results, it was determined the laboratory failed to have initial successful participation in proficiency testing for Blood Gases which include the parameters of PH, PO2 and PCO2. Survey Findings Follow: Failure to achieve a score of at least 80% of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the proficiency testing event as cited at D2087.</p>
D2087	ROUTINE CHEMISTRY

CFR(s): 493.841(a)

Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.

This STANDARD is not met as evidenced by:

. Based on review of the 2021 CMS Casper Reports 0155D and 0153D and American Proficiency Institute (API) proficiency testing results, it was determined the Blood Gas laboratory failed to have satisfactory participation in proficiency testing for the test of PH, PO2 and PCO2. Survey Findings Follow: A. A review of the proficiency testing results revealed the Blood Gas laboratory received a score of 20% for the test of PH, a score of 40% for the test of PO2 and a score of 0% for the test of PCO2 in the second proficiency testing event of 2021. B. A review of the proficiency testing results revealed the Blood Gas laboratory received a score of 0% for the test of PH, a score of 20% for the test of PO2 and a score of 40% for the test of PCO2 in the third proficiency testing event of 2021.

D6000

MODERATE COMPLEXITY LABORATORY DIRECTOR

CFR(s): 493.1403

The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.

This CONDITION is not met as evidenced by:

. Based on review of 2021 proficiency testing results, it was determined the laboratory director failed to ensure that the proficiency testing samples are tested as required under Subpart H of this part. Refer to D6016

D6016

LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1407(e)(4)(i)

The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(i) Ensure that the proficiency testing samples are tested as required under Subpart H of this part;

This STANDARD is not met as evidenced by:

. Based on review of the 2021 proficiency testing event, it was determined the laboratory director failed to ensure the laboratory successfully participated in proficiency testing for the Blood Gas test of PH, PO2 and PCO2. Refer to D2087